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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/631,091			ing Date 31/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A		
TO ⁻ (37	ΓAL CLAIMS CFR 1.16(i))		mir	minus 20 = *		*		x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *	*			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE s is a	If the specification and c sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) a			oplication size fee due I entity) for each fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If t	the difference in col	umn 1 is less t	han zero, ente	r "0" in coluı		TOTAL			TOTAL				
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALI										OR		ER THAN ALL ENTITY	
AMENDMENT	09/25/2008	CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 19	Minus	** 20		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	* 4	Minus	***4		= 0		x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	IG	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If *** I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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